



APPLICATION FOR FUNERAL ESTABLISHMENT

PREARRANGEMENT FUNERAL REGISTRATION

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

FOR VALIDATION ONLY

I ESTABLISHMENT

ESTABLISHMENT NAME			TELEPHONE NO. ()
ADDRESS			
CITY	STATE	ZIP CODE	COUNTY

II ORGANIZATION TYPE

☐ **Sole Owner** ☐ **Partnership** ☐ **Corporation*** - enter Corp. Cert. No. _____

If Sole Proprietorship, provide name and address of owner; if a partnership, list name and address of each partner; if a corporation, provide name and address:

Date Fiscal Year Ends: _____

***Corporation Supplemental Data to be Attached:**

- 1. Board of Directors** – List names of all directors of the corporation, as of the date of license application.
- 2. Officers** – List the names of the president, vice president, secretary and treasurer of the corporation as of the date of the application. List the names of all additional vice presidents if such are prescribed by the laws of the corporation.
- 3. Shareholders** – List the names as recorded in corporate records of all individuals holding over 10% interest in the corporation.

III FINANCIAL STATEMENT

Application must be accompanied by a current financial statement including:

1. Explanation of how establishment plans to offer, market and service prearrangement contracts;
2. Balance sheet and profit and loss statements for most recent fiscal year, certified by a certified public accountant or licensed public accountant, OR a copy of the establishment's most recent federal income tax return, verified by a certified public accountant or licensed public accountant.

IV CONTRACT

Attach two (2) copies of the prearrangement funeral contract forms the establishment proposes to use.

V METHOD OF FUNDING – Check all that are used

☐ **Insurance** - provide name of company _____ ☐ **Trust Fund**

VI TRUST FUND INFORMATION – Attach a copy of the trust agreement

NAME OF TRUST
LOCATION
NAMES AND ADDRESSES OF TRUSTEES



VII AFFIDAVIT

The undersigned, being first duly sworn, deposes and says: That I have read the contents hereof and to the best of my knowledge and belief the foregoing statements and entries are true in substance and effect and are made in good faith. (*Proprietor or corporate officer must sign.*)

Signature **X** _____ Title _____

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION

State of Washington
County of _____ Signed or attested
before me on _____

by _____ Signature _____
Printed Name of Person Signing Document Notary Signature

Notary's Name (**PRINTED or STAMPED**) _____

Title _____ **AND:** Notary Expiration Date _____
Notary